

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SA		6-6-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	920	15-29-01
RESPONSE FORMALITY REVIEW	HC	912	07-25-01

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral) ..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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